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U.S. PTO
UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 42P18572

First Inventor Rajeev K. Nalawadi, et al.

Title METHOD TO EXECUTE ACPI ASL CODE AFTER TRAPPING ON AN I/O OR MEMORY ACCESS

Express Mail Label No. EV339911995US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-145022859 U.S. PTO
10/796350

030804

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 20]
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 4]
5. Oath or Declaration (signed) [Total Pages 4]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies
9. Assignment Papers (cover sheet & document(s))
10. 37 C.F.R. § 3.73(b) Statement Power of Attorney
(when there is an assignee)
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent.
17. Other: Checks in the amount of \$1082.00 and \$40.00

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____

Prior application Information: Examiner _____

Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS Customer Number**08791**or Correspondence address below

Name					
	Blakely, Sokoloff, Taylor & Zafman LLP				
Address	12400 Wilshire Boulevard, 7th Floor				
City	Los Angeles	State	California	Zip Code	90025
Country		Telephone	(310) 207-3800	Fax	(310) 820-5988

Name (Print/Type)	Jonathan S. Miller	Registration No. (Attorney/Agent)	48,534
Signature		Date	03/08/04

Based on PTO/SB/05 (01-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/10/2004.
SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 1,122.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Rajeev K. Nalawadi
Examiner Name	
Art Unit	
Attorney Docket No.	42P18572

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1804	920 *	1804	920 * Requesting publication of SIR prior to Examiner action
1805	1,840 *	1805	1,840 * Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	420	2252	210 Extension for reply within second month
1253	950	2253	475 Extension for reply within third month
1254	1,480	2254	740 Extension for reply within fourth month
1255	1,210	2255	605 Extension for reply within fifth month
1404	330	2401	165 Notice of Appeal
1402	330	2402	165 Filing a brief in support of an appeal
1403	290	2403	145 Request for oral hearing
1451	1,510	2451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive - unavoidable
1453	1,330	2453	665 Petition to revive - unintentional
1501	1,330	2501	665 Utility issue fee (or reissue)
1502	480	2502	240 Design issue fee
1503	640	2503	320 Plant issue fee
Total Claims	23	Extra Claims	Fee from below
Independent Claims	6	20 = 3 X 18.00 = \$54.00	\$54.00
Multiple Dependent	6	3 = 3 X 86.00 = \$258.00	\$258.00
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9 Claims in excess of 20
1201	86	2201	43 Independent claims in excess of 3
1203	290	2203	145 Multiple Dependent claim, if not paid
1204	86	2204	43 **Reissue independent claims over original patent
1205	18	2205	9 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)	(\$ 770.00)		
SUBTOTAL (2)	(\$ 312.00)		
* Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)			(\$ 40.00)

**or number previously paid, if greater. For Reissues, see below

Complete (if applicable)

Name (Print/Type)	Jonathan S. Miller	Registration No. (Attorney/Agent)	48,534	Telephone	(310) 207-3800
Signature				Date	03/08/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/10/2004.
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